

Karrington Crossing Owners Association, Inc.

Breakdown of Dues Paid

The information provided below is not meant to cover all aspects of the Karrington Crossing Covenants, but the Board has provided below a summary of what benefits Karrington Crossing homeowners receive from paying HOA dues. The Karrington Crossing Board of Directors encourages you to read the Covenants thoroughly and become active in the association by participating in annual meetings and serving on boards. If you have any further questions about the covenants, consult your attorney, the Property Management Company or Karrington Crossing Board members. It is the responsibility of the Karrington Crossing Board of Directors to establish a budget to cover the expenses of the association and prioritize/approve how dues are spent on the behalf of the HOA and its members.

Dues: \$75

Draft: 5th Day of the Month

Late: 11th Day of the Month

Late Fee: \$10

The \$66 you pay in dues at Karrington Crossing currently pay for the following benefits/expenses of the association:

1. Annual Termite Inspections.
2. Pest control when requested by homeowner.
3. Exterior lawn maintenance of areas outside patio (e.g. front lawn, sidewalk, parking lots and entrance). This includes replacement of pine straw and dead or missing bushes.
4. Pressure washing of building exteriors to remove mildew and dirt.
5. Professional management of the association and property by a local property management group.
6. Dumpster supply and maintenance.
7. Parking lot lighting.
8. General liability insurance for the common areas and Board of Directors.
9. Exterior replacement/repair of parking lots, sidewalks, siding, fences, and shingles as needed. Damage to these building components as a result of wind, water, vandalism or fire is not covered by the HOA. Your hazard insurance carrier (e.g. homeowner policy) would cover these types of damage.

HOA manager is Tonya Rosado

All concerns should be emailed to tonyar@russellpm.com or you may call 252.329.7368.

Karrington Crossing Owners Association, Inc.

Homeowner vs. Association Responsibilities

O-OWNER A-ASSOCIATION

	PATIO
Concrete	O
Fence/Gate	A
Landscaping	O
	GUTTERS
All Gutters	O (Unless they were installed by the HOA on all units)
	ROOF
Leaks	A
Shingle (repairs) required due to leaks	A
Shingles (replace) due to normal wear	A
	WINDOWS
Replace	O
Repair	O
Seals	O
Shutters	A
Screens	O
Leaks	O
	DOORS (Exterior)
Replace	O
Repair	O
Paint	A (when completed property wide)
	MISCELLANEOUS
Ceiling Repairs	O
Light Fixtures and Bulbs (outside)	O
Painting (outside)	A
Pest Control	A
Plumbing Hose Bibbs	O
Siding	A
Termites (Inspection Only)	A
Termites (Damage)	O
External Wood Rot	A
Electrical (outside)	O
Door Bell Buttons	O

Notes:

1. Storm doors and entrance doors must be approved by the association prior to installation.
2. Maintenance responsibilities of CC HOA do not include damage to homes as a result of Fire, Wind, Water or Vandalism. Damage as a result of these causes would be the responsibility of EACH homeowner and/or their insurance carrier.
3. Interior damage to homes as a result of water leaks are the responsibility of each homeowner.
4. Please reference Cross Creek Covenants and Bylaws for more information.

Karrington Crossing Homeowners Association

106 Regency Blvd
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641

Homeowners Association Information Sheet

Property Address: _____

Homeowner's Name: _____

Spouse or Co-Owner's Name: _____

Owner's Mailing Address: _____

Telephone: _____ (Home)

_____ (Work)

_____ (Cell)

Email Address: _____

It is very important that we receive this information from you for your benefit. This is general information needed by your homeowner's association and will be filed in your personal file in the **HOA Office** at Russell Property Management and your email will be used to invite you to the FrontSteps portal. You can email this form back to your manager rather than returning it via postal mail.

PLEASE EMAIL, MAIL, OR FAX TO US ASAP!
THANK YOU FOR YOUR TIME AND COOPERATION!

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Tenant Information Sheet

If you rent your unit, please complete the following information about your tenant(s).

Today's Date: _____ Unit #: _____

Homeowner's Name & Mailing Address: _____

Phone #'s: _____

IS THIS AN INVESTMENT PROPERTY OR DOES FAMILY MEMBER RESIDE IN THIS UNIT?
Circle correct answer.

Tenant Name(s): 1. _____ Phone: _____
 2. _____ Phone: _____
 3. _____ 4. _____

Tenant Vehicle Information:

Vehicle #1	Make: _____	Model: _____
	Tag #: _____	Color: _____
Vehicle #2	Make: _____	Model: _____
	Tag #: _____	Color: _____

Do you have a pet? Yes or No

Please make sure to give all tenants a copy of the Association by-laws and rules/regulations. Should the tenant fail to abide by said documents, the individual homeowner will be held responsible.

Signature of Homeowners

Date

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Bank Draft Authorization

I,__, hereby authorize Russell Property Management to draft my HOA dues for the street address

_____	_____	_____	_____
Home Address	City	State	Zip

_____	_____	_____	_____
(Mailing Address for unit (If different than address above)	City	State	Zip

Draft Payable to (HOA name)

Day of Month for Draft

Amount to be Drafted

Draft Frequency (circle one) _____ Monthly _____ Quarterly _____ Annual

Contact Phone Number _____

Please note:

- * If HOA dues are increased, your draft will automatically be increased
- ** HOA dues will be drafted approximately 5 days before your associations late day.
- *** The HOA will draft the account balance.
- **** Bank Drafts will NOT draft for special assessments (if applicable).
- ***** There is a \$1 fee per draft for this service.

Bank Name: _____

Account Holder Name: _____

Routing #: _____

Account #: _____

Account Type: _____ Checking _____ Savings

Signature

Date

ATTACH VOIDED COPY OF CHECK HERE

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Greenville, NC 27834

Russell Property Management, Inc.

106 Regency Blvd
Greenville, NC 27834

Credit/Debit Card Draft Authorization

I, __, hereby authorize Russell Property Management to draft my HOA dues for the street address

Home Address	City	State	Zip
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Draft Payable to (HOA name)

Day of Month for Draft	Amount to be Drafted

Draft Frequency (circle one) _____ Monthly _____ Quarterly _____ Annual Contact Phone _____

Number _____

Please note:

- * If HOA dues are increased, your draft will automatically be increased
- ** HOA dues will be drafted approximately 5 days before your associations late day.
- *** The HOA will draft the account balance.
- **** Drafts will NOT draft for special assessments (if applicable).
- ***** There is a 3.0% fee per draft for this service.

Account Holder Name: _____

Card Billing Address	City	State	Zip
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Account #:

Expiration Date: _____ Security Code: _____
